

# BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	JM G		1/23/99
O.I.P.E. CLASSIFIER		513	1/29/99
FORMALITY REVIEW		000513	1/29/99

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	1	5	1/5/99
2	1	5	1/5/99
3	1	5	1/5/99
4	1	5	1/5/99
5	1	5	1/5/99
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50	1	5	1/5/99

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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